FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022063 (8)**

1. Corporation Name

IAW, INC.

Principal Place of Business	Mailing Address
934 UNIVERSITY DRIVE SUITE 2001 CORAL SPRINGS FL 33071	934 UNIVERSITY DRIVE SUITE 2001 CORAL SPRINGS FL 33071

2. Principal Place of Business	2a. Mailing Address
21 934 N. UNIVERSITY DRIVE	26 934 N. UNIVERSITY DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: 03/17/1995

3a. Date of Last Report:

4. FEI Number: 65-0565739 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

RITTER, GREGORY J
7000 WEST PALMETTO PARK RD.
SUITE 400
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1007 and/or 617.1905, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SMITH, MATTHEW R	
STREET ADDRESS	934 N. UNIVERSITY DR., #2001	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	[ ] Change [X] Addition
NAME	CAROLYN SMITH	
STREET ADDRESS	934 N. UNIVERSITY DR, #2001	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.1007, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with the exception of the resignation.

SIGNATURE: [signature] 4/11/96 954/341-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)